

## Salisbury Police Search Warrant Service Data

<b>Year</b>	<b>Number of Narcotics Investigation Search Warrants</b>	<b>Number of Times SRT Used</b>	<b>Number of Times No- Knock Warrants Served</b>	
<b>2014</b>	<b>20</b>	<b>5</b>	<b>2</b>	
<b>2015</b>	<b>16</b>	<b>2</b>	<b>0</b>	
<b>2016</b>	<b>5</b>	<b>3</b>	<b>1</b>	



File No.

# SEARCH WARRANT

## IN THE MATTER OF

625 E. Lafayette St. Lot #1 Salisbury NC 28144

Date Issued 11/01/2016 Time Issued 2:10 PM

Name Of Applicant D.M. Barkalow

Name Of Additional Affiant

Name Of Additional Affiant

## RETURN OF SERVICE

I certify that this Search Warrant was received and executed as follows:

Date Received 11/11/16 Time Received 2:10 PM  
Date Executed 11/13/16 Time Executed 9:49 AM

☐ I made a search of

as commanded.

☐ I seized the items listed on the attached inventory.

☐ I did not seize any items.

☐ This Warrant WAS NOT executed within forty-eight (48) hours of the date of issuance and I hereby return it not executed.

Name Of Officer Making Return (Type Or Print)

Signature Of Officer Making Return

Department Or Agency Of Officer

Incident Number

## STATE OF NORTH CAROLINA

Rowan County

In The General Court Of Justice  
District/Superior Court Division

To any officer with authority and jurisdiction to conduct the search authorized by this Search Warrant:

I, the undersigned, find that there is probable cause to believe that the property and person described in the application on the reverse side and related to the commission of a crime is located as described in the application.

You are commanded to search the premises, vehicle, person and other place or item described in the application for the property and person in question. If the property and/or person are found, make the seizure and keep the property subject to Court Order and process the person according to law.

You are directed to execute this Search Warrant within forty-eight (48) hours from the time indicated on this Warrant and make due return to the Clerk of the Issuing Court.

This Search Warrant is issued upon information furnished under oath or affirmation by the person(s) shown.

Date 11/01/2016

Name (Type Or Print) Andy Mills Wagon

Signature

Signature of Andy Mills Wagon

☐ Deputy CSC

☐ Assistant CSC

☐ CSC

☐ Magistrate

☐ District Ct. Judge

☒ Superior Ct. Judge

Date

Title

☐ AM ☐ PM

Name Of Magistrate (Type Or Print)

Signature Of Magistrate

This Search Warrant was returned to the undersigned clerk on the date and time shown below.

Date

Title

☐ AM ☐ PM

Name Of Clerk (Type Or Print)

Signature Of Clerk

☐ Dep CSC  
☐ Asst CSC  
☐ CSC



# APPLICATION FOR SEARCH WARRANT

I, Detective D.M. Barkalow 130 E. Liberty St. Salisbury Police Department  
(insert name and address; or if law enforcement officer, name, rank and agency)

being duly sworn, request that the Court issue a warrant to search the person, place, vehicle, and other items described in this application and to find and seize the property and person described in this application. There is probable cause to believe that (Describe property to be seized; or if search warrant is to be used for searching a place to serve an arrest warrant or other process, name person to be arrested)  
See attached.

constitutes evidence of a crime and the identity of a person participating in a crime, (Name crime) Illegal Narcotics Sales. NC. GS. 90-95

and is located (Check appropriate box(es) and fill-in specified information)

☒ in the following premises (Give address and, if useful, describe premises)  
See Attached.

(and)  
☐ on the following person(s) (Give name(s) and, if useful, describe person(s))

(and)  
☐ in the following vehicle(s) (Describe vehicle(s))

(and)

☐ (Name and/or describe other places or items to be searched, if applicable)

The applicant swears or affirms to the following facts to establish probable cause for the issuance of a search warrant:

See attached.

## SWORN/AFFIRMED AND SUBSCRIBED TO BEFORE ME

Date 11/01/2016 Date 11/01/2016

Signature [Signature] Name Of Applicant (Type Or Print) D.M. Barkalow

☐ Magistrate ☐ Dep. CSC ☐ Asst. CSC ☐ Clerk Of Superior Court ☒ Judge

☐ In addition to the affidavit included above, this application is supported by additional affidavits, attached, made by

☐ In addition to the affidavit included above, this application is supported by sworn testimony, given by

This testimony has been (check appropriate box) ☐ reduced to writing  
☐ tape recorded and I have filed each with the clerk.

NOTE: If more space is needed for any section, continue the statement on an attached sheet of paper with a notation saying "see attachment." Date the continuation and include on it the signatures of applicant and issuing official.



In the Matter of:

Attachment To Application  
For Search Warrant

625 E. Lafayette St. Lot #1  
Salisbury NC 28144

## **ATTACHMENT "EVIDENCE TO BE SEIZED"**

Evidence of ownership and occupancy of the residence located at 625 E. Lafayette St. Lot #1, Salisbury NC 28144, such as papers, bank statements, utility and phone bills, and other personal papers and effects located in the residence that maybe used to identify occupants of the residence.

Crack cocaine, marijuana and/or any other controlled substance included in the North Carolina controlled substance act and possess in violation of chapter 90 of the North Carolina general statutes;

Scales, plastic baggies, manila envelopes, sifters, and similar instruments and paraphernalia used in the bagging and selling of controlled substances;

Any paper/ coin money in United Stated currency;

The following writings, dated and existing over the past six months; utility bills, mailed envelope covers, bank statements, credit card bills and similar writings to show occupancy, control and/or possession of the placed to be searched;

the  
Applicant Signed: \_\_\_\_\_

Subscribed and sworn before me this 1 day of November, 2016.

Time 2:10pm

By: \_\_\_\_\_

Magistrate Judge, Rowan County,  
North Carolina





In the Matter of:

Attachment To Application  
For Search Warrant

625 E. Lafayette St. Lot #1  
Salisbury NC 28144

Any notebooks or telephone records showing or recording the names of persons likely engaged in the illegal sale of marijuana or other controlled substance. To include cell phones, tablets or any other electronic communication devices.

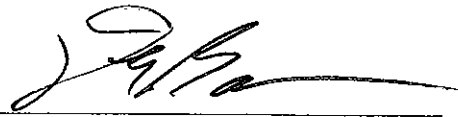
Any weapons, to include handguns, rifles, shotguns, ammunition, body armor, weapons of mass destruction, materials used to produce weapons of mass destruction that may be used to protect controlled substance or illegal to possess.

**ATTACHMENT "PREMISES"**

The location is at 625 E. Lafayette St. Lot #1, Salisbury NC 28144. This is a white single-wide trailer with red shutters. #1 is affixed to the side of the trailer facing the drive.

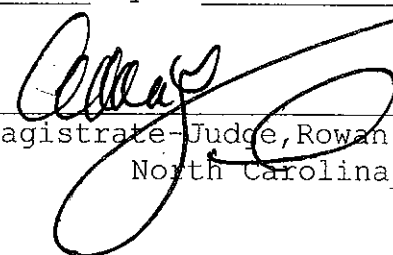
To arrive at this location from the Salisbury Police Department you would travel north on N. Lee St turn right onto Kerr St. Travel east on Kerr St to N. Long St. Turn left on N. Long St. Travel north on N. Long St to E. Lafayette St. Turn right on E. Lafayette St. Travel east on E. Lafayette St. cross N. Clay St. 625 E. Lafayette St. Lot #1 will be on the right side of the road.

the  
Applicant Signed: \_\_\_\_\_



Subscribed and sworn before me this 1 day of November, 2016.

Time 2:10 PM

By:   
Magistrate Judge, Rowan County,  
North Carolina



In the Matter of:

Attachment To Application  
For Search Warrant

625 E. Lafayette St. Lot #1  
Salisbury NC 28144

**ATTACHMENT "PC"**

I, Det. D. M. Barkalow, hereby swear and affirm that the following affidavit is based upon my personal knowledge, upon factual information I received from other persons as here described, upon my training and experience as a Law Enforcement Officers as follows.

I, Det. D. M. Barkalow have been employed as a Law Enforcement Officer since 2013 with the Salisbury Police Department. After being hired I was first assigned to the patrol division. During my time on the patrol division I conducted and assisted in numerous narcotic investigations. I left the Salisbury Police Department briefly in 2014 and returned in 2015 and was placed back on the patrol division. I have had numerous narcotic investigations that led to charges on both the state and federal level. In 2015 I was assigned to the Salisbury Police Department Special Response Team and have assisted with multiple narcotic search warrants and assisted with post raid evidence collection and processing. In 2016 I was assigned to the Salisbury Police Department Narcotics Unit.

The reliability of the informant is based on the following facts: On two occasions in the past the informant has purchased controlled substances for the applicant in controlled buy situations. The informant was searched prior to making

the  
Applicant Signed: \_\_\_\_\_

Subscribed and sworn before me this 1 day of November, 2016.

Time 2:10pm

By: \_\_\_\_\_

Magistrate Judge, Rowan County,  
North Carolina



In the Matter of:

Attachment To Application  
For Search Warrant

625 E. Lafayette St. Lot #1  
Salisbury NC 28144

the buys and was watched while being sent to specific locations. The informant returned directly to the applicant with the controlled substance after the purchase was made. The informant has shown the applicant several locations in the City of Salisbury where controlled substances are being used and sold on a regular basis. These locations were known to the applicant as places where drugs are regularly used and sold. All information provided to the applicant by the informant has been proven to be truthful and correct.

Confidentiality of the informant is necessary in that the informant fear physical reprisal should his or her identity be revealed. This would also negate any further use of the informant to the Salisbury Police Department.

The applicant has received information from a confidential and reliable informant that illegal narcotics were being sold at 625 E. Lafayette St. Lot #1, Salisbury NC 28144. To further confirm the information the applicant has sent the confidential and reliable informant to 625 E. Lafayette St. Lot #1, Salisbury NC 28144 to make controlled buy of marijuana. Before executing the buy from the residence the reliable informant was searched. The informant went directly to the location and the returned directly to the applicant with marijuana purchased from the residence. The last controlled buy has been with in the last seventy-two hours of this application.

the  
Applicant Signed: \_\_\_\_\_

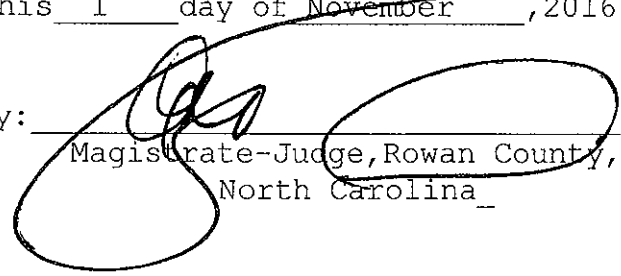


Subscribed and sworn before me this 1 day of November, 2016.

Time 2:10 pm

By: \_\_\_\_\_

Magistrate-Judge, Rowan County,  
North Carolina





In the Matter of:

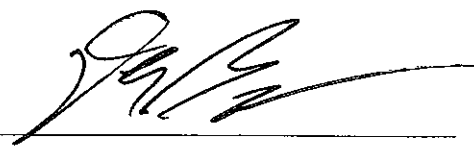
Attachment To Application  
For Search Warrant

625 E. Lafayette St. Lot #1  
Salisbury NC 28144

The informant stated that when he entered the residence he observed multiple weapons being in possession of the suspects selling the controlled substances. The informant stated that the suspects and occupants of 625 E. Lafayette St. Lot #1 are known to regularly possess weapons on their persons. It has also been stated by officers with Salisbury Police Department that the occupants of 625 E. Lafayette St. Lot #1 are suspects in armed robberies and other weapon related crimes.

Based on these facts, it is believed that there is probable cause to believe that critical evidence of selling of illegal narcotics is contained within the residence located at 625 E. Lafayette St. Lot #1, Salisbury NC 28144. Therefore, Det. D.M. Barkalow (453) request the issuance of a search warrant based on the affidavit and the facts contained therein.

Furthermore based on the information provided in this affidavit, I, Detective D.M. Barkalow, believe that officers executing this search warrant would find their lives in danger if they give notice of entry under the requirements of NCGS 15A-249; therefore, I, Detective D.M. Barkalow, request authorization under NCGS 15A-251 for the officers to break and enter said premises without giving notice of identity or purpose.

the  
Applicant Signed: 

Subscribed and sworn before me this 1 day of November, 2016.

Time 2:00pm

By: 

Magistrate-Judge, Rowan County,  
North Carolina





LOCATION \_\_\_\_\_

SALISBURY POLICE DEPARTMENT

DOCUMENT

Number \_\_\_\_\_

**RECEIPT FOR EVIDENCE AND/OR PROPERTY**

OCA

2016004003

EVIDENCE ☒ TYPE OF OFFENSE \_\_\_\_\_FOUND ☐SAFEKEEPING ☐

Name of person from whom property is obtained

Address

( ) Owner

( ) Other

Location from which property was obtained:

6025 E Lafayette Street

Time &amp; date property obtained

11/3/16

**SPD PROCESSING INSTRUCTIONS**

SPD	ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES (Include model, serial No., identifying marks, condition, dollar value, and weight of drugs.)
	1	5 grams	White substance in plastic bag in third bedroom.
	2	3 grams	Taco Bell container w/ green leafy substance in it on night stand in first bedroom.
	3	3 grams crack 7 grams roaches	Plastic container w/ blue plastic bag containing a white substance & plastic bag of burnt roaches. (3 grams crack) (7 grams burnt roaches)
	4	less than 1 gram	Prescription bottle w/ green leafy substance in it on nightstand in first bedroom.
	5	1 gram	Two small white plastic bags w/ white substance in it on night stand in first bedroom.
	6	1	LG cellphone on kitchen counter w/ charger.
	7	1	LG cellphone on top of white dresser in the first bedroom.
	8	1	Silver 100g scale on night stand in first bedroom.
	9	3	Three small burnt roaches on nightstand in first bedroom.

**CASE DISPOSITION**

- ☐ ACTIVE/NEEDED FOR COURT  
☐ INACTIVE  
☐ TURNED OVER/CIT  
☐ DESTROY  
☐ OWNER NOTIFIED FOR PICK UP  
☐ RELEASE TO OWNER

**CHAIN OF CUSTODY**

Item No.	Date	Released By	Received By	Purpose for Change of Custody
		Print Name / ID #	Print Name	
		Signature	Signature	
		Print Name	Print Name	<input type="checkbox"/> COURT <input type="checkbox"/> SBI
		Signature	Signature	<input type="checkbox"/> OTHER
		Print Name	Print Name	<input type="checkbox"/> COURT <input type="checkbox"/> SBI
		Signature	Signature	<input type="checkbox"/> OTHER



LOCATION \_\_\_\_\_

SALISBURY POLICE DEPARTMENT

DOCUMENT  
Number \_\_\_\_\_**RECEIPT FOR EVIDENCE AND/OR PROPERTY**OCA  
2016004003EVIDENCE ☒ TYPE OF OFFENSE \_\_\_\_\_FOUND ☐SAFEKEEPING ☐

Name of person from whom property is obtained

Address

( ) Owner

( ) Other

Location from which property was obtained:

Time &amp; date property obtained

625 E. Lafayette Street

11/3/16

## SPD PROCESSING INSTRUCTIONS

SPD	ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES (Include model, serial No., identifying marks, condition, dollar value, and weight of drugs.)
	10	1	Burnt roach on top of speaker by the tv in the third bedroom.
	11	1	Funta Leaf rolling papers in third bedroom.
	12	1	Timex watch in bottom dresser drawer in first bedroom.
	13	1	Samsung Galaxy Express 3 cellphone in luggage in 2nd bedroom in closet.
	14	1	Money on dresser in 3rd bedroom. \$1513.00 In cash
	15	1	Burnt roach in third bedroom.
	16	1	Burnt roach on floor in third bedroom.
	17	4 grams	Bag of burnt roaches + two small round leafy substances.
	18		Meggar gun magazine containing (6) 9mm Winchester Luger

CASE DISPOSITION

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		Signature	Signature	



LOCATION \_\_\_\_\_

SALISBURY POLICE DEPARTMENT

DOCUMENT  
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# RECEIPT FOR EVIDENCE AND/OR PROPERTY

OCA

EVIDENCE ☐ TYPE OF OFFENSE \_\_\_\_\_

FOUND ☐

SAFEKEEPING ☐

Name of person from whom property is obtained

Address

( ) Owner

( ) Other

Location from which property was obtained:

Time & date property obtained

## SPD PROCESSING INSTRUCTIONS

SPD	ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES (Include model, serial No., identifying marks, condition, dollar value, and weight of drugs.)
	19	1	Michael Kors gold watch on couch in living room.
	20	1	LG Verizon Tablet in 3rd bedroom serial# 357112061219095
	21	1	9mm Winchester Luger live bullet on top of dresser in second bedroom.
	22	1	Fixed sight in top dresser drawer in <del>first</del> second bedroom.
	23	1	LG cellphone on bed in second bedroom.
	24	1	Gold found in suitcase closet in second bedroom.
	25	1	Black wallet of Ariel Anthony Petersen Jr. DOB 8/31/96. Florida ID containing cash \$51.00 on living room floor.
	26	1	Remington Ammo in box found in kitchen, 7 rounds 30.30 rounds
	27		Small plastic bags found in third bedroom on floor in blood.

## CASE DISPOSITION

- ☐ ACTIVE/NEEDED FOR COURT
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- ☐ TURNED OVER/CIT
- ☐ DESTROY
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## CHAIN OF CUSTODY

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		Print Name	Print Name	<input type="checkbox"/> COURT <input type="checkbox"/> SBI
		Signature	Signature	<input type="checkbox"/> OTHER
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		Signature	Signature	



LOCATION \_\_\_\_\_

SALISBURY POLICE DEPARTMENT

DOCUMENT  
Number \_\_\_\_\_**RECEIPT FOR EVIDENCE AND/OR PROPERTY**

OCA

EVIDENCE ☐ TYPE OF OFFENSE \_\_\_\_\_FOUND ☐SAFEKEEPING ☐

Name of person from whom property is obtained

Address

( ) Owner

( ) Other

Location from which property was obtained:

Time &amp; date property obtained

**SPD PROCESSING INSTRUCTIONS**

SPD	ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES (Include model, serial No., identifying marks, condition, dollar value, and weight of drugs.)
	28	1	Black digital scale in third bedroom w/ white residue on it.
	29	1	Burnt roach on little night stand in living room.
	30	1	Good sense sandwich bags containing a bag of shack, plastic baggies, w/ burnt spoon, and trash.
	31	less than 1 gram	White powder in plastic bag that came from Item 30.
	32	1	Burnt roach from rail on front porch.
	33	1	Digi Weigh Digital scale on night stand in first bedroom.
	34	1	Pocket Digi Weigh Digital Scale in first bedroom
	35	1	LG flip cellphone first bedroom.
	36	1	1 DVD Player; 11 miscellaneous video games

**CASE DISPOSITION**

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		Signature	Signature	
		Print Name	Print Name	<input type="checkbox"/> COURT <input type="checkbox"/> SBI
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LOCATION \_\_\_\_\_

SALISBURY POLICE DEPARTMENT

DOCUMENT  
Number \_\_\_\_\_

# RECEIPT FOR EVIDENCE AND/OR PROPERTY

OCA

EVIDENCE <input type="checkbox"/> TYPE OF OFFENSE _____	FOUND <input type="checkbox"/> SAFEKEEPING <input type="checkbox"/>
Name of person from whom property is obtained ( ) Owner ( ) Other	Address
Location from which property was obtained:	Time & date property obtained

## SPD PROCESSING INSTRUCTIONS

SPD	ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES (Include model, serial No., identifying marks, condition, dollar value, and weight of drugs.)
	37	10	10 Miscellaneous games from living room.
	38	1	PS4 Sony from night stand from 3rd bedroom. Serial # MB334013721
	39	1	Green in color bullet-proof vest.
	40	2	2TE cellphone ; Iphone in case 321951941493
	41	3	3 miscellaneous games
	42	2	2 Xbox controllers
	43	6	Miscellaneous games / DVDs (6)
	44		Beats bag w/ 1 black/gray sock (17) 40 S&W Federal bullet
	45		X box 360 game console + cord S/N 033887682307

## CASE DISPOSITION

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		Print Name	Print Name	<input type="checkbox"/> COURT <input type="checkbox"/> SBI
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		Signature	Signature	



LOCATION \_\_\_\_\_

**SALISBURY POLICE DEPARTMENT**

DOCUMENT  
Number \_\_\_\_\_

OCA

# **RECEIPT FOR EVIDENCE AND/OR PROPERTY**

EVIDENCE <input type="checkbox"/> TYPE OF OFFENSE _____	FOUND <input type="checkbox"/> SAFEKEEPING <input type="checkbox"/>
Name of person from whom property is obtained ( ) Owner ( ) Other	Address
Location from which property was obtained:	Time & date property obtained

## **SPD PROCESSING INSTRUCTIONS**

SPD	ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES <small>(Include model, serial No., identifying marks, condition, dollar value, and weight of drugs.)</small>
	46	1	HP Laptop SN: CND63268MJ
	47	1	Bong Mask paraphernalia
	48	1	Nike box containing 64 miscellaneous games / DVDs
	49	1	Shotguns Mossburg 12ga. S/N: T512724
	50	1	Sansui Flat screen TV SN: 057421113923
	51	1	Sony flat screen tv Model: KDL40RS10C SN: 5161879
	52	1	Emerson flat screen tv. Model: LF401EM5 SN: ME3A1438106880
	53	1	Haier flat screen tv Serial # Removed
	54	1	LG flat screen tv. Model: 42LF5600 SN: 504RMBW2U469

## **CASE DISPOSITION**

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		Signature	Signature	
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DOCUMENT  
Number \_\_\_\_\_**RECEIPT FOR EVIDENCE AND/OR PROPERTY**

OCA

EVIDENCE ☐ TYPE OF OFFENSE \_\_\_\_\_FOUND ☐SAFEKEEPING ☐

Name of person from whom property is obtained

Address

( ) Owner

( ) Other

Location from which property was obtained:

Time &amp; date property obtained

## SPD PROCESSING INSTRUCTIONS

SPD	ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES (Include model, serial No., identifying marks, condition, dollar value, and weight of drugs.)
	55	1	Emerson flat screen tv Model: LC320EM2 D\$241151146269
	56	1	Samsung flat screen tv Model: UN50H5300AF SN: 02503CXFA00465D
			*Last Item of Evidence*

CASE DISPOSITION

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		Signature	Signature	



I N C I D E N T  D A T A	Agency Name <b>SALISBURY POLICE DEPARTMENT</b>		<b>INCIDENT/INVESTIGATION REPORT</b>										OCA 2016-003047																																																																																																				
	ORI NC 08005												Date / Time Reported Month Day Yr Time 08   25   2016   20:49 Hrs.																																																																																																				
	#1 Crime Incident(s) <b>Burglary - Forcible Entry</b>		<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com		At Found Month Day Yr Time 08   25   2016   20:48 Hrs.				Last Known Secure Month Day Yr Time 08   25   2016   19:00 Hrs.																																																																																																								
	#2 Crime Incident		<input type="checkbox"/> Att <input type="checkbox"/> Com		Location of Incident <b>625 E Lafayette St, Salisbury NC 28144</b>								Offense Tract <b>P02</b>																																																																																																				
	#3 Crime Incident		<input type="checkbox"/> Att <input type="checkbox"/> Com		Premise Type <b>HOME OF VICTIM - SINGLE</b>								Victim Residence Type <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Multi Family																																																																																																				
M O	How Attacked or Committed <b>Suspect Actions/TAKES PROPERTY, Method Of Entry/Broke/removed Glass</b>										Forcible <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Weapon / Tools <b>Unknown/not Stated</b>																																																																																																				
V I C T I M	# of Victims <b>1</b>		Type <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown				Injury <input checked="" type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input type="checkbox"/> Other Major				Drug/Alcohol Use: <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A																																																																																																						
	Victim/Business Name (Last, First, Middle) <b>V1 LAURENT, FERGUSON C</b>						Victim of Crime # <b>1,</b>		DOB / Age <b>22 01/20/1994</b>		Race Sex <b>B M</b>		Relationship To Offender <b>UN</b>		Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown																																																																																																		
	Home Address <b>625 E LAFAYETTE ST, Salisbury, NC 28144</b>										Home Phone <b>340-277-1864</b>																																																																																																						
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	VYR		Make		Model		Style		Color		Lic/Lis		VIN																																																																																																				
O T H E R S  I N V O L V E D	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)																																																																																																																
	Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown																																																																																																																
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	Home Address										Home Phone																																																																																																						
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Status				Page 1																																																																																																													





# INCIDENT/INVESTIGATION REPORT

Page 2

Salisbury Police Department

OCA

2016-003047

<b>Status Codes</b>	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found														
<b>D R U G S</b>	DCI	Status	Quantity	Type Measure	Suspected Type	Check up to 3 types of activity for each									
						Possess	Buy	Sale	Mfg	Importing	Operating				
<b>O F F E N D E R</b>	<b>Offender Used</b>			<b>Offender 1</b>			<b>Offender 2</b>			<b>Offender 3</b>			<b>Primary Offender Resident Status</b> <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input checked="" type="checkbox"/> Unknown		
	Alcohol/Drugs <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			Age:      Race:      Sex:			Age:      Race:      Sex:			Age:      Race:      Sex:					
	Computer <input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			<b>Offender 4</b>			<b>Offender 5</b>			<b>Offender 6</b>					
				Age:      Race:      Sex:			Age:      Race:      Sex:			Age:      Race:      Sex:					
<b>S U S P E C T</b>	Name (Last, First, Middle)					Also Known As					Home Address				
	Occupation					Business Address									
	DOB. / Age		Race	Sex	Hgt	Wgt	Build	Hair Color	Hair Style	Hair Length	Eye Color	Glasses			
	Scars, Marks, Tattoos, or other distinguishing features (i.e. limp, foreign accent, voice characteristics)														
	Hat		Jacket		Shirt/Blouse		Tie/Scarf		Coat/Suit		Pants/Dress/Skirt		Socks	Shoes	
	Was Suspect Armed?		Type of Weapon					Direction of Travel					Mode of Travel		
	VYR	Make	Model	Style		Color	Lic/Lis			VIN					
	Name (Last, First, Middle)					D.O.B.		Age	Race	Sex	Mobile Phone				
Home Address					Home Phone		Employer				Phone				
Suspect Hate / Bias Motivated: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>None (No bias)</i>															
<b>N A R R A T I V E</b>	Breaking and Entering along with a larceny of a house.														



**REPORTING OFFICER NARRATIVE***Salisbury Police Department*

OCA

2016-003047

Victim

*LAURENT, FERGUSON C*

Offense

*BURGLARY - FORCIBLE ENTRY*

Date / Time Reported

*Thu 08/25/2016 20:49***THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY**

On 8/26/2016 I responded to 621 East Lafayette trailer 1 in reference to a Breaking and entering that had already occurred.

When I arrived on scene I spoke with the home owner a Ferguson Laurent Jr. Laurent advised me that when he returned home on break from work he noticed someone had broken in and stolen several items. It appears that the suspect had broken a single glass pane widow to gain entry though. Laurent stated that a black Playstation3, a black Nitendo DS, and \$135 in cash was stolen during the incident. The playstaion3 was located in a backroom underneath a coffee table with the Nitendo DS on top of the table. Laurent stated that the \$135 was on a shelf on top of his radio. When asked Laurent could not advise me as to who he might think would have broken into his house. Laurent did not have any serial numbers of the items to provide to me. I had appeared that the suspect had used the widow to not only gain entry but to also escape due to the widow being secluded from the neighbors view.

The widow was dusted for prints. Due to the surface being dirty I was unable to gather any readable prints to identify and potential suspects with.

Pictures are attached in RMS.

I ask this case be placed inactive due to lack of suspects and evidence.



# Incident Report Additional Suspect List

Salisbury Police Department

OCA: 2016-003047

## Additional Suspect List

Page 4

S U S P E C T	Name (Last, First, Middle) * No name *				Also Known As				Home Address			
	Empl/Occu				Business Address							
	DOB. / Age		Race	Sex	Eth	Hgt	Wgt	Physical Char				
	Scars, Marks, Tattoos, or other distinguishing features											
	Type of Weapon											
	Dir of Travel				Mode of Travel							
VehYr/Make/Model			Style		Color		Lic/Lis			Vin		



# Incident Report Related Property List

Salisbury Police Department

OCA: 2016-003047

1 Property Description <b>Video Game Player</b>		Make <b>PLAYSTATION</b>		Model <b>3</b>		Caliber	
Color <b>Black</b>	Serial No.	Value <b>\$100.00</b>	Qty <b>1.000</b>	Unit	Jurisdiction <b>Locally</b>		
Status <b>Stolen</b>	Date <b>08/25/2016</b>	NIC #	State #	Local #	OAN		
Name (Last, First, Middle) <b>Laurent, Ferguson C</b>			DOB <b>01/20/1994</b>	Age <b>22</b>	Race <b>B</b>	Sex <b>M</b>	

Notes

*No serial number available.*

2 Property Description <b>Video Game Player</b>		Make <b>NITENDO</b>		Model <b>DS</b>		Caliber	
Color <b>Black</b>	Serial No.	Value <b>\$250.00</b>	Qty <b>1.000</b>	Unit	Jurisdiction <b>Locally</b>		
Status <b>Stolen</b>	Date <b>08/25/2016</b>	NIC #	State #	Local #	OAN		
Name (Last, First, Middle) <b>Laurent, Ferguson C</b>			DOB <b>01/20/1994</b>	Age <b>22</b>	Race <b>B</b>	Sex <b>M</b>	

Notes

*No serial number available.*

3 Property Description <b>Paper Currency</b>		Make <b>US</b>		Model		Caliber	
Color <b>Green</b>	Serial No.	Value <b>\$135.00</b>	Qty <b>1.000</b>	Unit	Jurisdiction <b>Locally</b>		
Status <b>Stolen</b>	Date <b>08/25/2016</b>	NIC #	State #	Local #	OAN		
Name (Last, First, Middle) <b>Laurent, Ferguson C</b>			DOB <b>01/20/1994</b>	Age <b>22</b>	Race <b>B</b>	Sex <b>M</b>	

Notes

**6-\$20**

**5-\$1**

**1-\$10**

4 Property Description <b>Windows</b>		Make <b>GLASS</b>		Model		Caliber	
Color	Serial No.	Value <b>\$100.00</b>	Qty <b>1.000</b>	Unit	Jurisdiction <b>Locally</b>		
Status <b>Damaged/destroye</b>	Date <b>08/25/2016</b>	NIC #	State #	Local #	OAN		
Name (Last, First, Middle) <b>Laurent, Ferguson C</b>			DOB <b>01/20/1994</b>	Age <b>22</b>	Race <b>B</b>	Sex <b>M</b>	

Notes

*single pane window*





# CASE SUPPLEMENTAL REPORT

Printed: 11/04/2016 12:49

Salisbury Police Department

OCA: 2016003047

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THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

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Case Status: *INACTIVE*

Case Mng Status: *INACTIVE - NO LEADS TO*

Occurred: 08/25/2016

Offense: *BURGLARY - FORCIBLE ENTRY*

---

Investigator: *TAGGART, D. J. (487)*

Date / Time: *08/29/2016 18:41:31, Monday*

Supervisor: *STILLWELL, E. R. (402)*

Supervisor Review Date / Time: *08/30/2016 00:57:56, Tuesday*

Contact:

Reference: *Follow Up*

---

While I was on scene I spoke with a neighbor that lived across the driveway from unit 1. While speaking to the neighbor he advised me that he did not observed anybody, or any recent activity in the past few hours.

---

Investigator Signature

Supervisor Signature



## ARREST REPORT

A G E N C Y	Agency Name <b>Salisbury Police Department</b>		ORI <b>08005 S0002</b>		Date/Time Arrested <b>11/03/2016 15:54</b>		OCA <b>2016000269</b>	
	Taken <input checked="" type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos <b>8832DJB</b>		Fingerprint Card Check Digit # (CKN) <b>8832DJB</b>		Arrest Tract <b>P02</b>		Residence Tract <b>P02</b>	
A R R E S T E E	Name (Last, First, Middle) <b>PETERSEN, ARIEL ANTHONY</b>				D.O.B. <b>08/31/1996</b>	Age <b>20</b>	Race <b>B</b>	Sex <b>M</b>
	Current Address <b>625 E Lafayette St, 1, SALISBURY, NC 28144</b>				Phone		Occupation	
	Employer's Name				Address		Phone	
	Also Known As (Alias Names)				Hgt <b>5'09</b>	Wgt <b>160</b>	Hair <b>BLK</b>	Eyes <b>BRO</b>
	Scars, Marks, Tattoos				Social Security #		Skin Tone	
	Nearest Relative Name <b>WILLIAMS, CARLENE, (PARENT)</b>				Address		Phone <b>340-332-4016</b>	
	If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>				<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest <b>625 E LAFAYETTE ST - 1, SALISBURY</b>	
A R R E S T	Charge #1 <b>Resist Delay Obstruct Public Officer</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd	Counts <b>1</b>	DCI Code <b>0410</b>	Offense Jurisdiction (if not arresting agency)		Statute # <b>14-223</b>
	Charge #2		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #
	Charge #3		<input type="checkbox"/> Fel <input type="checkbox"/> Misd	Counts	DCI Code	Offense Jurisdiction (if not arresting agency)		Statute #
V E H I C L E	VYR	Make	Model	Style	Color	Plate #/State	VIN	
	Vehicle 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured    Date/Time _____ 2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____ 3. <input type="checkbox"/> Impounded <input type="checkbox"/> Place of storage _____    Inventory on File? _____							
C O N F I N D	Date/Time Confined <b>11/03/2016 17:00:00</b>		Place Confined <b>ROWAN COUNTY JAIL</b>			Committing Magistrate <b>JEFFREY HOLSHOUSER</b>		
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input checked="" type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount <b>\$1,500.00</b>		Trial Date <b>11/21/2016 00:00</b>		Court Of <b>Rowan County</b>	
D R U G S	Assisting Officer Name/ID # <b>0</b>		Released By (Name/Department/ID #)				Date/Time Released	
	Status Codes: L - Lost    S - Stolen    R - Recovered    D - Damaged    Z - Seized    B - Burned    C - Counterfeit / Forged    F - Found							
	DCI	Status	Quantity	Type Measure	Suspected Type		Check up to 3 types of activity for each	
							Possess	Buy
							Sale	Mfg
							Importing	Operating
C O M P	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>				Address		Phone	
	Mr. Petersen was transported to the Magistrates Office and to the Rowan County Jail by Officer McDaniel.							
S T A T U S	Arresting Officer Signature/ID # <b>HALL, B. J. (356)</b>		Date/Time Submitted <b>11/03/2016 15:54</b>		Supervisor Signature			
	Case Status: <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed		Case Disposition: <input checked="" type="checkbox"/> Cleared By Arrest / No Supplement Needed <input type="checkbox"/> Arrest / No Investigation		Arrestee Signature			



File No. 16CR 050377

Law Enforcement Case No.

LID No.

SID No.

FBI No.

**WARRANT FOR ARREST**

Offense

I M-RESISTING PUBLIC OFFICER

**THE STATE OF NORTH CAROLINA VS.**Name And Address Of Defendant  
ARIEL A. PETERSON

1001 BRINGLE FERRY RD

SALISBURY  
ROWAN COUNTY

NC

28144

Race B Sex M Date Of Birth 08/31/1996 Age

Social Security No./Tax ID No. Drivers License No. &amp; State

Name Of Defendant's Employer

Offense Code(s)

I 5310

Offense In Violation Of G.S.  
I 14-223

Date Of Offense

01/22/2016

through

01/22/2016

Date Of Arrest &amp; Check Digit No. (As Shown On Fingerprint Card)

Complainant (Name, Address Or Department)

DEVIN BARKALOW

SALISBURY POLICE DEPARTMENT

130 EAST LIBERTY ST

SALISBURY

NC

28144

ROWAN COUNTY

(704) 638-5333

Names &amp; Addresses Of Witnesses (Including Counties &amp; Telephone Nos.)

**STATE OF NORTH CAROLINA**

ROWAN

County

In The General Court Of Justice  
District Court Division

To any officer with authority and jurisdiction to execute a warrant for arrest for the offense(s) charged below:

I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above the defendant named above unlawfully and willfully did resist, delay and obstruct OFFICER BARKALOW, a public officer holding the office of SALISBURY POLICE OFFICER, by BY RUNNING FROM OFFICER BARKALOW. At the time, the officer was discharging and attempting to discharge a duty of his office by SEARCHING DEFENDANT BEFORE PLACING HIM IN PATROL CAR.

This act(s) was in violation of the law(s) referred to in this Warrant. This Warrant is issued upon information furnished under oath by the complainant listed. You are DIRECTED to arrest the defendant and bring the defendant before a judicial official without unnecessary delay to answer the charge(s) above.

Signature

BENJAMIN FRANKLIN JR

Location Of Court

Court Date

☐ Misdemeanor Offense Which Requires Fingerprinting Per Fingerprint Plan

Date Issued

01/22/2016

☒ Magistrate

☐ Deputy CSC

☐ Assistant CSC

☐ Clerk Of Superior Court

Court Time

☐ AM

☐ PM

(over)

**ORIGINAL COPY**

If this Warrant For Arrest is not served within one hundred and eighty (180) days, it must be returned to the Clerk of Court in the county in which it was issued with the reason for the failure of service noted thereon. The officer must state all steps taken by the department in attempting to execute the Warrant and any information obtained about the whereabouts of the defendant.

### RETURN OF SERVICE

I certify that this Warrant was received and served as follows:

Date Received \_\_\_\_\_ Date Served \_\_\_\_\_ Time Served ☐ AM ☐ PM Date Returned \_\_\_\_\_

☐ By arresting the defendant and bringing the defendant before:  
Name Of Judicial Official \_\_\_\_\_

☐ This Warrant WAS NOT served for the following reason:

Signature Of Officer Making Return \_\_\_\_\_ Name Of Officer (Type Or Print) \_\_\_\_\_

Department Or Agency Of Officer \_\_\_\_\_

### REDELIVERY/REISSUANCE

Date \_\_\_\_\_ Signature \_\_\_\_\_ ☐ Dep. CSC ☐ Asst. CSC ☐ CSC

### RETURN FOLLOWING REDELIVERY/REISSUANCE

I certify that this Warrant was received and served as follows:

Date Received \_\_\_\_\_ Date Served \_\_\_\_\_ Time Served ☐ AM ☐ PM Date Returned \_\_\_\_\_

☐ By arresting the defendant and bringing the defendant before:  
Name Of Judicial Official \_\_\_\_\_

☐ This Warrant WAS NOT served for the following reason:

Signature Of Officer Making Return \_\_\_\_\_ Name Of Officer (Type Or Print) \_\_\_\_\_

Department Or Agency Of Officer \_\_\_\_\_

### APPEAL ENTRIES

☐ The defendant, in open court, gives notice of appeal to the Superior Court.

☐ The current pretrial release order is modified as follows:

Date \_\_\_\_\_ Signature Of District Court Judge \_\_\_\_\_

### WAIVER OF PROBABLE CAUSE HEARING

The undersigned defendant, with the consent of his/her attorney, waives the right to a probable cause hearing.

Date Waived \_\_\_\_\_ Signature Of Defendant \_\_\_\_\_

Signature Of Attorney \_\_\_\_\_

District Attorney \_\_\_\_\_

☐ Waived ☐ Not Indigent

Attorney For Defendant \_\_\_\_\_

☐ Appointed ☐ Retained

PRIOR CONVICTIONS:  
No./Level 0 ☐ 1(0) ☐ 1(1-4) ☐ 1(5+)

PLEA: ☐ guilty ☐ no contest

☐ guilty ☐ no contest

☐ guilty ☐ no contest

☐ not guilty

VERDICT: ☐ guilty ☐ guilty ☐ guilty ☐ guilty ☐ not guilty

☐ guilty ☐ guilty ☐ guilty ☐ guilty ☐ not guilty

☐ guilty ☐ guilty ☐ guilty ☐ guilty ☐ not guilty

☐ not guilty

JUDGMENT: The defendant appeared in open court and freely, voluntarily and understandingly entered the above plea; on the above verdict, it is ORDERED that the defendant: ☐ pay costs and a fine of \$ \_\_\_\_\_

☐ be imprisoned for a term of \_\_\_\_\_ days in the custody of the ☐ sheriff ☐ MCP ☐ DAC. \* Pretrial credit \_\_\_\_\_ days served.

☐ Work release ☐ is recommended. ☐ is not recommended. [ ☐ is ordered. (use form AOC-CR-602)]

☐ The Court finds that a ☐ longer ☐ shorter period of probation, than that which is specified in G.S. 15A-1343.2(d) is necessary.

☐ Execution of the sentence is suspended and the defendant is placed on unsupervised probation\* for \_\_\_\_\_ months, subject to the following conditions: (1) commit no criminal offense in any jurisdiction, (2) possess no firearm, explosive or other deadly weapon

listed in G.S. 14-289, (3) remain gainfully and suitably employed or faithfully pursue a course of study or of vocational training, that will equip the defendant for suitable employment, and abide by all rules of the institution, (4) satisfy child support and family obligations, as required by the Court, (5) pay to the Clerk the costs of court and any additional sums shown below.

Fine \$ \_\_\_\_\_ Restitution\*\* \$ \_\_\_\_\_ Attorney's Fee \$ \_\_\_\_\_ Community Service Fee \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

\*\*Name(s), address(es), and amount(s) for aggrieved party(ies) to receive restitution: (Note To Clerk: Record SSN or Tax ID No. of aggrieved party(ies) on AOC-CR-392, "Certification Of Identity (Victims' Restitution)/Certification Of Identity (Witness Attendance).")

☐ 6. complete \_\_\_\_\_ hours of community service during the first \_\_\_\_\_ days of probation, as directed by the community service coordinator, and pay the fee prescribed by G.S. 143B-708 within \_\_\_\_\_ days.

☐ 7. not be found in or on the premises of the complainant or \_\_\_\_\_

☐ 8. not assault, communicate with or be in the presence of the complainant or \_\_\_\_\_

☐ 9. provide a DNA sample pursuant to G.S. 15A-266.4. (AOC-CR-319)

☐ 10. Other: \_\_\_\_\_

It is ORDERED that this: ☐ Judgment is continued upon payment of costs.

☐ case be consolidated for judgment with \_\_\_\_\_

☐ sentence is to run at the expiration of the sentence in \_\_\_\_\_

☐ COMMITMENT: It is ORDERED that the Clerk deliver two certified copies of this Judgment and Commitment to the sheriff and that the sheriff cause the defendant to be retained in custody to serve the sentence imposed or until the defendant shall have complied with the conditions of release pending appeal.

PROBABLE CAUSE: ☐ Probable cause is found as to all Counts except \_\_\_\_\_, and the defendant is bound over to Superior Court for action by the grand jury. ☐ No probable cause is found as to Count(s) \_\_\_\_\_ of this Warrant, and the Count(s) is dismissed.

Date \_\_\_\_\_ Name Of District Court Judge (Type Or Print) \_\_\_\_\_ Signature Of District Court Judge \_\_\_\_\_

### CERTIFICATION

I certify that this Judgment is a true and complete copy of the original which is on file in this case.

Date \_\_\_\_\_ Date Delivered To Sheriff \_\_\_\_\_ Signature \_\_\_\_\_

☐ Deputy CSC ☐ Asst. CSC ☐ CSC

## ARREST REPORT

A G E N C Y	Agency Name <b>Salisbury Police Department</b>		ORI <b>08005 S0002</b>		Date/Time Arrested <b>11/03/2016 15:54</b>		OCA			
	Taken <input type="checkbox"/> Prints <input checked="" type="checkbox"/> Photos		Fingerprint Card Check Digit # (CKN)		Arrest Tract <b>P02</b>		Residence Tract <b>P02</b> Arrest Number <b>91677</b>			
A R R E S T E E	Name (Last, First, Middle) <b>PETERSEN, ARIEL ANTHONY</b>				D.O.B. <b>08/31/1996</b>		Age <b>20</b>			
	Race <b>B</b>		Sex <b>M</b>		Place of Birth		Country of Citizenship <b>US</b>			
	Current Address <b>625 E Lafayette St, 1, SALISBURY, NC 28144</b>				Phone		Occupation			
	Employer's Name				Address					
	Also Known As (Alias Names)				Hgt <b>5'09</b>		Wgt <b>160</b>			
	Hair <b>BLK</b>		Eyes <b>BRO</b>		Skin Tone		Consumed Drug/Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk			
Scars, Marks, Tattoos				Social Security # <b>580-31-1915</b>		OLN and State <b>FL</b>				
Nearest Relative Name				Address						
If Armed, Type of Weapon <b>NOT APPLICABLE/NONE</b>				<input type="checkbox"/> On-View <input type="checkbox"/> Criminal Summons <input type="checkbox"/> Order for Arrest <input type="checkbox"/> Citation <input checked="" type="checkbox"/> Warrant		Place of Arrest <b>625 E LAFAYETTE ST, SALISBURY</b>				
A R R E S T	Charge #1 <b>Resist Delay Obstruct Public Officer</b>		<input type="checkbox"/> Fel <input checked="" type="checkbox"/> Misd		Counts <b>1</b>		DCI Code <b>0410</b>			
	Charge #2		<input type="checkbox"/> Fel <input type="checkbox"/> Misd		Counts		DCI Code			
	Charge #3		<input type="checkbox"/> Fel <input type="checkbox"/> Misd		Counts		DCI Code			
V E H I C L E	VYR		Make		Model		Style			
	Color		Plate #/State		VIN					
Vehicle 1. <input type="checkbox"/> Left at Scene <input type="checkbox"/> Secured <input type="checkbox"/> Unsecured Date/Time _____ 2. <input type="checkbox"/> Released to other at owners request <input type="checkbox"/> Name of Other _____ 3. <input type="checkbox"/> Impounded <input type="checkbox"/> Place of storage _____ Inventory on File? _____										
C O N F I N D	Date/Time Confined		Place Confined				Committing Magistrate			
	Type Bond <input type="checkbox"/> Written Promise <input type="checkbox"/> Unsecured <input type="checkbox"/> Secured <input type="checkbox"/> No Bond <input type="checkbox"/> Other		Bond Amount <b>\$0.00</b>		Trial Date		Court Of _____ City			
	Assisting Officer Name/ID # <b>0</b>				Released By (Name/Department/ID #)		Date/Time Released			
Status Codes L - Lost S - Stolen R - Recovered D - Damaged Z - Seized B - Burned C - Counterfeit / Forged F - Found										
D R U G S	DCI	Status	Quantity	Type Measure	Suspected Type			Check up to 3 types of activity for each		
								Possess	Buy	Sale
								Mfg	Importing	Operating
C O M P	Name: Complainant <input type="checkbox"/> Victim <input type="checkbox"/>				Address				Phone	
	NARRATIVE									
S T A T U S	Arresting Officer Signature/ID # <b>HALL, B. J. (356)</b>				Date/Time Submitted <b>11/03/2016 15:54</b>			Supervisor Signature		
	Case Status <input type="checkbox"/> Further Inv. <input type="checkbox"/> Inactive <input checked="" type="checkbox"/> Closed		Case Disposition: <input checked="" type="checkbox"/> Cleared By Arrest / No Supplement Needed <input type="checkbox"/> Arrest / No Investigation			Arrestee Signature				





File No. 16CR 050377

Law Enforcement Case No.

L/D No.

S/D No.

FBI No.

**WARRANT FOR ARREST**

Offense

I M-RESISTING PUBLIC OFFICER

**THE STATE OF NORTH CAROLINA VS.**Name And Address Of Defendant  
ARIEL A. PETERSON

1001 BRINGLE FERRY RD

SALISBURY NC 28144  
ROWAN COUNTY

Race	Sex	Date Of Birth	Age
B	M	08/31/1996	
Social Security No./Tax ID No.		Drivers License No. & State	

Name Of Defendant's Employer

Offense Code(s)	Offense In Violation Of G.S.
I 5310	I 14-223

Date Of Offense	through
01/22/2016	01/22/2016
Date Of Arrest & Check Digit No. (As Shown On Fingerprint Card)	

Complainant (Name, Address Or Department)

DEVIN BARKALOW  
SALISBURY POLICE DEPARTMENT  
130 EAST LIBERTY ST  
SALISBURY NC 28144  
ROWAN COUNTY (704) 638-5333  
Names & Addresses Of Witnesses (Including Counties & Telephone Nos.)

**STATE OF NORTH CAROLINA**

ROWAN County In The General Court Of Justice  
District Court Division

To any officer with authority and jurisdiction to execute a warrant for arrest for the offense(s) charged below:

I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above the defendant named above unlawfully and willfully did resist, delay and obstruct OFFICER BARKALOW, a public officer holding the office of SALISBURY POLICE OFFICER, by BY RUNNING FROM OFFICER BARKALOW. At the time, the officer was discharging and attempting to discharge a duty of his office by SEARCHING DEFENDANT BEFORE PLACING HIM IN PATROL CAR.

This act(s) was in violation of the law(s) referred to in this Warrant. This Warrant is issued upon information furnished under oath by the complainant listed. You are DIRECTED to arrest the defendant and bring the defendant before a judicial official without unnecessary delay to answer the charge(s) above.

<input type="checkbox"/> Misdemeanor Offense Which Requires Fingerprinting Per Fingerprint Plan		Date Issued 01/22/2016	Signature BENJAMIN FRANKLIN JR		Location Of Court	Court Date
<input checked="" type="checkbox"/> Magistrate <input type="checkbox"/> Deputy CSC <input type="checkbox"/> Assistant CSC <input type="checkbox"/> Clerk Of Superior Court						Court Time <input type="checkbox"/> AM <input type="checkbox"/> PM

If this Warrant For Arrest is not served within one hundred and eighty (180) days, it must be returned to the Clerk of Court in the county in which it was issued with the reason for the failure of service noted thereon. The officer must state all steps taken by the department in attempting to execute the Warrant and any information obtained about the whereabouts of the defendant.

### RETURN OF SERVICE

I certify that this Warrant was received and served as follows:

Date Received \_\_\_\_\_ Date Served \_\_\_\_\_ Time Served ☐ AM ☐ PM Date Returned \_\_\_\_\_ ☐ PM

☐ By arresting the defendant and bringing the defendant before:  
Name Of Judicial Official \_\_\_\_\_

☐ This Warrant WAS NOT served for the following reason:

Signature Of Officer Making Return \_\_\_\_\_ Name Of Officer (Type Or Print) \_\_\_\_\_

Department Or Agency Of Officer \_\_\_\_\_

### REDELIVERY/REISSUANCE

Date \_\_\_\_\_ Signature \_\_\_\_\_ ☐ Dep. CSC ☐ Assst. CSC ☐ CSC

I certify that this Warrant was received and served as follows:

Date Received \_\_\_\_\_ Date Served \_\_\_\_\_ Time Served ☐ AM ☐ PM Date Returned \_\_\_\_\_ ☐ PM

☐ By arresting the defendant and bringing the defendant before:  
Name Of Judicial Official \_\_\_\_\_

☐ This Warrant WAS NOT served for the following reason:

Signature Of Officer Making Return \_\_\_\_\_ Name Of Officer (Type Or Print) \_\_\_\_\_

Department Or Agency Of Officer \_\_\_\_\_

### APPEAL ENTRIES

☐ The defendant, in open court, gives notice of appeal to the Superior Court.

☐ The current pretrial release order is modified as follows:

Date \_\_\_\_\_ Signature Of District Court Judge \_\_\_\_\_

### WAIVER OF PROBABLE CAUSE HEARING

The undersigned defendant, with the consent of his/her attorney, waives the right to a probable cause hearing.

Date Waived \_\_\_\_\_ Signature Of Defendant \_\_\_\_\_

Signature Of Attorney \_\_\_\_\_

District Attorney

☐ Waived ☐ Not Indigent

Attorney For Defendant

☐ Appointed ☐ Retained

PRIOR CONVICTIONS:

No./Level 0 ☐ 1 (0) ☐ 11 (1-9) ☐ 111 (3+)

PLEA: ☐ guilty ☐ no contest

☐ guilty ☐ no contest

☐ guilty ☐ no contest

☐ not guilty

VERDICT: ☐ guilty

☐ guilty

☐ guilty

☐ not guilty

JUDGMENT: The defendant appeared in open court and freely, voluntarily and understandingly entered the above plea; on the above verdict, it is ORDERED that the defendant: ☐ pay costs and a fine of \$ \_\_\_\_\_

☐ be imprisoned for a term of \_\_\_\_\_ days in the custody of the ☐ sheriff ☐ MCP ☐ DAC. \* Pretrial credit \_\_\_\_\_ days served.

☐ Work release ☐ is recommended. ☐ is not recommended. [☐ is ordered. (use form AOC-CR-602)]

☐ The Court finds that a ☐ longer ☐ shorter period of probation, than that which is specified in G.S. 15A-1343.2(c) is necessary.

☐ Execution of the sentence is suspended and the defendant is placed on unsupervised probation\* for \_\_\_\_\_ months, subject to the following conditions: (1) commit no criminal offense in any jurisdiction. (2) possess no firearm, explosive or other deadly weapon

listed in G.S. 14-289. (3) remain gainfully and suitably employed or faithfully pursue a course of study or of vocational training, that will equip the defendant for suitable employment, and abide by all rules of the institution. (4) satisfy child support and family obligations, as

required by the Court. (5) pay to the Clerk the costs of court and any additional sums shown below.

Fine \$ \_\_\_\_\_ Restitution\*\* \$ \_\_\_\_\_ Attorney's Fee \$ \_\_\_\_\_ Community Service Fee \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

\*\*Name(s), address(es), and amount(s) for aggrieved party(ies) to receive restitution. (Note To Clerk: Record SSN or Tax ID No. of aggrieved party(ies) on AOC-CR-382, "Certification Of Identity (Victims Restitution)/Certification Of Identity (Witness Attendance).")

☐ 6. complete \_\_\_\_\_ hours of community service during the first \_\_\_\_\_ days of probation, as directed by the community service coordinator, and pay the fee prescribed by G.S. 143B-708 within \_\_\_\_\_ days.

☐ 7. not be found in or on the premises of the complainant or \_\_\_\_\_ days.

☐ 8. not assault, communicate with or be in the presence of the complainant or \_\_\_\_\_

☐ 9. provide a DNA sample pursuant to G.S. 15A-266.4. (AOC-CR-319)

☐ 10. Other: \_\_\_\_\_

It is ORDERED that this: ☐ Judgment is continued upon payment of costs.

☐ case be consolidated for judgment with \_\_\_\_\_

☐ sentence is to run at the expiration of the sentence in \_\_\_\_\_

☐ COMMITMENT: It is ORDERED that the Clerk deliver two certified copies of this Judgment and Commitment to the sheriff and that the sheriff cause the defendant to be retained in custody to serve the sentence imposed or until the defendant shall have complied with the conditions of release pending appeal.

PROBABLE CAUSE: ☐ Probable cause is found as to all Counts except \_\_\_\_\_, and the defendant is bound over to Superior Court for action by the grand jury. ☐ No probable cause is found as to Count(s) \_\_\_\_\_ of this Warrant, and the Count(s) is dismissed.

Date \_\_\_\_\_ Name Of District Court Judge (Type Or Print) \_\_\_\_\_ Signature Of District Court Judge \_\_\_\_\_

### CERTIFICATION

I certify that this Judgment is a true and complete copy of the original which is on file in this case.

Date \_\_\_\_\_ Date Delivered To Sheriff \_\_\_\_\_ Signature \_\_\_\_\_

☐ Deputy CSC ☐ Assst. CSC ☐ CSC

File No. **16CR 050377**

Law Enforcement Case No.

L/D No.

S/D No.

FBI No.

**WARRANT FOR ARREST**

Offense

I M-RESISTING PUBLIC OFFICER

**STATE OF NORTH CAROLINA**

ROWAN

County

In The General Court Of Justice  
District Court Division**THE STATE OF NORTH CAROLINA VS.**Name And Address Of Defendant  
**ARIEL A. PETERSON**

To any officer with authority and jurisdiction to execute a warrant for arrest for the offense(s) charged below:

1001 BRINGLE FERRY RD

SALISBURY

ROWAN COUNTY

NC

28144

I, the undersigned, find that there is probable cause to believe that on or about the date of offense shown and in the county named above the defendant named above unlawfully and willfully did resist, delay and obstruct OFFICER BARKALOW, a public officer holding the office of SALISBURY POLICE OFFICER, by BY RUNNING FROM OFFICER BARKALOW. At the time, the officer was discharging and attempting to discharge a duty of his office by SEARCHING DEFENDANT BEFORE PLACING HIM IN PATROL CAR.

Race

Sex

Date Of Birth

Age

B

M

08/31/1996

Social Security No./Tax ID No.

Drivers License No. &amp; State

Name Of Defendant's Employer

Offense Code(s)

Offense In Violation Of G.S.

I 5310

I 14-223

Date Of Offense

01/22/2016

through

01/22/2016

Date Of Arrest &amp; Check Digit No. (As Shown On Fingerprint Card)

Complainant (Name, Address Or Department)

DEVIN BARKALOW

SALISBURY POLICE DEPARTMENT

Names &amp; Addresses Of Witnesses (including Counties &amp; Telephone Nos.)

This act(s) was in violation of the law(s) referred to in this Warrant. This Warrant is issued upon information furnished under oath by the complainant listed. You are DIRECTED to arrest the defendant and bring the defendant before a judicial official without unnecessary delay to answer the charge(s) above.

Signature

BENJAMIN FRANKLIN JR

Location Of Court

Court Date

☐ Misdemeanor Offense Which Requires Fingerprinting Per Fingerprint Plan

Date Issued

01/22/2016

☒ Magistrate☐ Deputy CSC☐ Assistant CSC☐ Clerk Of Superior Court

Court Time

☐ AM☐ PM**DEFENDANT COPY**



I N C I D E N T  D A T A	Agency Name <b>SALISBURY POLICE DEPARTMENT</b>		<b>INCIDENT/INVESTIGATION REPORT</b>		OCA <b>2016-004003</b>																						
	ORI <b>NC 08005</b>				Date / Time Reported <table border="1" style="display: inline-table; font-size: 8px;"> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td colspan="2">Month</td><td colspan="2">Day</td><td colspan="2">Yr</td><td>Time</td></tr> <tr><td colspan="2">11</td><td colspan="2">03</td><td colspan="2">2016</td><td>09:22 Hrs.</td></tr> </table>		S	M	T	W	T	F	S	Month		Day		Yr		Time	11		03		2016		09:22 Hrs.
S	M	T	W	T	F	S																					
Month		Day		Yr		Time																					
11		03		2016		09:22 Hrs.																					
#1	Crime Incident(s) <b>Criminal Homicide - Murder</b>		<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	At Found Month Day Yr Time <b>11   03   2016   09:15</b> Hrs.	<table border="1" style="display: inline-table; font-size: 8px;"> <tr><td>S</td><td>M</td><td>T</td><td>W</td><td>T</td><td>F</td><td>S</td></tr> <tr><td colspan="2">Month</td><td colspan="2">Day</td><td colspan="2">Yr</td><td>Time</td></tr> <tr><td colspan="2">11</td><td colspan="2">03</td><td colspan="2">2016</td><td>09:15 Hrs.</td></tr> </table>		S	M	T	W	T	F	S	Month		Day		Yr		Time	11		03		2016		09:15 Hrs.
	S	M	T	W	T	F	S																				
	Month		Day		Yr		Time																				
11		03		2016		09:15 Hrs.																					
Crime Incident <b>Assault-gun Police Officer</b>		<input type="checkbox"/> Att <input checked="" type="checkbox"/> Com	Location of Incident <b>625 E Lafayette St Apt. 1, Salisbury NC 28144</b>		Offense Tract <b>P02</b>																						
#3	Crime Incident		<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type <b>HOME OF VICTIM - SINGLE</b>		Victim Residence Type <input checked="" type="checkbox"/> Single Family <input type="checkbox"/> Multi Family																					
M O	How Attacked or Committed <b>Alarm/No Alarm, Firearm Feature/Automatic, Force Used/ASSAULTED VICTIM</b>				Forcible <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Weapon / Tools <b>Handgun</b>																						
	# of Victims <b>2</b> Type <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown		Injury <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Loss of Teeth <input type="checkbox"/> Broken Bones <input type="checkbox"/> Severe Lacerations <input type="checkbox"/> Internal <input type="checkbox"/> Unconscious <input checked="" type="checkbox"/> Other Major		Drug/Alcohol Use: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> N/A																						
V I C T I M	Victim/Business Name (Last, First, Middle) <b>V1 LAURENT, FERGUSON C</b>		Victim of Crime # <b>1,</b>	DOB / Age <b>22</b>	Race <b>B</b>	Sex <b>M</b>																					
			Relationship To Offender <b>OK</b>	Resident Status <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown																							
	Home Address <b>625 E LAFAYETTE ST, Salisbury, NC 28144</b>				Home Phone <b>340-277-1864</b>																						
	Employer Name/Address			Business Phone	Mobile Phone																						
	VYR	Make	Model	Style	Color	Lic/Lis																					
O T H E R  I N V O L V E D	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim) Type: <input checked="" type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown																										
	Code	Name (Last, First, Middle)				Victim of Crime #	DOB / Age																				
	<b>VI 2</b>	<b>BOEHM, KARL H</b>				<b>2</b>	<b>03/03/1983</b>																				
	Home Address <b>130 E Liberty St Salisbury, NC 28144</b>					Home Phone <b>704-638-5333</b>																					
	Employer Name/Address <b>City Of Salisbury, 130 E Liberty St</b>				Business Phone <b>704-638-5333</b>	Mobile Phone																					
	Type: <input type="checkbox"/> Person <input type="checkbox"/> Business <input type="checkbox"/> Society <input type="checkbox"/> Government <input type="checkbox"/> Financial Institute <input type="checkbox"/> Religious <input checked="" type="checkbox"/> L.E. Officer Line of Duty <input type="checkbox"/> Other/Unknown																										
	Code	Name (Last, First, Middle)				Victim of Crime #	DOB / Age																				
	<b>IO</b>	<b>LANCASTER, DANIEL R</b>					<b>10/24/1987</b>																				
	Home Address <b>130 E Liberty St Salisbury, NC 28144</b>					Home Phone <b>704- -</b>																					
	Employer Name/Address <b>Salisbury Police Department</b>				Business Phone <b>704-638-5333</b>	Mobile Phone																					
Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found (Check "OJ" column if recovered for other jurisdiction)																											
P R O P E R T Y	Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number																		
Number of Vehicles Stolen <b>0</b>		Number Vehicles Recovered <b>0</b>																									
ID	Officer <b>SCHENK, C. D. (387)</b>		ID#	Officer Signature		Supervisor Signature <b>BROOKS, C. J. (331)</b>																					
S t a t u s	Complainant Signature			Case Status <input checked="" type="checkbox"/> Further Investigation <input type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted		Case Disposition: <input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined																					
						Page 1																					



# INCIDENT/INVESTIGATION REPORT

Page 2

Salisbury Police Department

OCA

2016-004003

Status Codes	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found														
D R U G S	DCI	Status	Quantity	Type Measure	Suspected Type			Check up to 3 types of activity for each							
	Possess	Buy	Sale	Mfg	Importing	Operating									
O F F E N D E R	<b>Offender Used</b>		<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		<b>Offender 1</b>			<b>Offender 2</b>			<b>Offender 3</b>			<b>Primary Offender Resident Status</b> <input checked="" type="checkbox"/> Resident <input type="checkbox"/> Non-Resident <input type="checkbox"/> Unknown	
	Alcohol/Drugs				Age: 22 Race: B Sex: M			Age: 33 Race: W Sex: M			Age:   Race:   Sex:				
	Computer		<input type="checkbox"/> Yes <input type="checkbox"/> Unk <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		<b>Offender 4</b>			<b>Offender 5</b>			<b>Offender 6</b>				
					Age:   Race:   Sex:			Age:   Race:   Sex:			Age:   Race:   Sex:				
S U S P E C T	Name (Last, First, Middle) <i>LAURENT, FERGUSON C</i>					Also Known As					Home Address <i>625 E Lafayette St, Salisbury NC 28144</i>				
	Occupation <i>STUDENT</i>					Business Address									
	DOB / Age		Race	Sex	Hgt	Wgt	Build	Hair Color	Hair Style	Hair Length	Eye Color	Glasses			
	<i>01/20/1994 / 22</i>		<i>B</i>	<i>M</i>	<i>511</i>	<i>280</i>		<i>BLK</i>				<i>BRO</i>			
	Scars, Marks, Tattoos, or other distinguishing features (i.e. limp, foreign accent, voice characteristics)														
	Hat		Jacket		Shirt/Blouse		Tie/Scarf		Coat/Suit		Pants/Dress/Skirt		Socks	Shoes	
	Was Suspect Armed?		Type of Weapon					Direction of Travel				Mode of Travel			
	VYR	Make	Model	Style		Color	Lic/Lis		VIN						
	WIT NESS	Name (Last, First, Middle)					D.O.B.		Age	Race	Sex	Mobile Phone			
Home Address					Home Phone		Employer			Phone					
Suspect Hate / Bias Motivated: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>None (No bias)</i>															
N A R R A T I V E	Shooting occurred that resulted in the death of a subject.														





## REPORTING OFFICER NARRATIVE

Salisbury Police Department

OCA

2016-004003

Victim

LAURENT, FERGUSON C

Offense

CRIMINAL HOMICIDE - MURDER

Date / Time Reported

Thu 11/03/2016 09:22

THE INFORMATION BELOW IS CONFIDENTIAL - FOR USE BY AUTHORIZED PERSONNEL ONLY

On 11/03/2016, members of the Salisbury Police Department's Special Response Team executed a search warrant at 625 E Lafayette Street, Lot 1. This was a search warrant was a no knock warrant for drugs, weapons, and stolen property.

When members of the SRT made entry, one of the residents, Ferguson Claude Laurent Jr, attempted to shoot at officers. Officer K Boehm and Officer D Lancaster were the first officers to enter when Laurent fired his weapon. Officer Boehm returned fire, striking Laurent several times.

Medical personnel were on scene and immediately administered first aid. Laurent was transported to Novant Rowan Medical Center for treatment. Laurent died at Novant Rowan Medical Center of his injuries.

The NC State Bureau of Investigations were notified of the officer involved shooting. The shooting was then turned over to the SBI for investigation.



# Incident Report Additional Suspect List

Salisbury Police Department

OCA: 2016-004003

## Additional Suspect List

Page 4

S U S P E C T	Name (Last, First, Middle) <i>Laurent, Ferguson C</i>				Also Known As		Home Address <i>625 E LAFAYETTE ST SALISBURY, NC 28144</i>	
	Empl/Occu				Business Address			
	DOB. / Age <i>01/20/1994</i>		Race	Sex	Eth	Hgt	Wgt	Physical Char
	Scars, Marks, Tattoos, or other distinguishing features							
	Type of Weapon							
	Dir of Travel				Mode of Travel			
Veh Yr/Make/Model		Style		Color	Lic/Lis		Vin	



# Incident Report Additional Suspect List

Salisbury Police Department

OCA: 2016-004003

## Additional Suspect List

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S U S P E C T	Name (Last, First, Middle) <i>Boehm, Karl H</i>				Also Known As				Home Address <i>130 E LIBERTY ST SALISBURY, NC 28144</i>			
	Empl/Occu <i>CITY OF SALISBURY 704-638-5333, POLICE OFFICER, 130</i>				Business Address <i>130 E LIBERTY ST</i>							
	DOB. / Age <i>03/03/1983</i>		Race	Sex	Eth	Hgt	Wgt	Physical Char				
	Scars, Marks, Tattoos, or other distinguishing features											
	Type of Weapon											
	Dir of Travel				Mode of Travel							
VehYr/Make/Model			Style		Color		Lic/Lis			Vin		

